

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset  
County.....  
City or town..... Crisfield  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... Life  
Hospital, institution, or street address where death occurred:  
.....  
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State..... Md. County..... Somerset  
City or town..... Richardson Ave.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No..... Crisfield  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

3. (a) FULL NAME  
Noah F. Ashmead

3. (b) Social Security Number  
none

4. Sex Male  
5. Color or race white  
6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Dolly M.

7. Birth date of deceased (mo., day, yr.) February 7, 1864  
..... 6. (c) If alive, give age..... 72 years

8. AGE: Years 80 Months 11 Days 27 If less than one day  
..... hrs. .... min.

9. Birthplace Crisfield, Md.  
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business U.S. Ord. Dept.

12. Name Joseph Ashmead

13. Birthplace Ireland

14. Maiden name Nancy Evans

15. Birthplace Maryland

16. Informant Dolly M. Ashmead

Address Crisfield, Md.

17. Burial Date thereof 2/6/45  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Asbury Cemetery

Location Crisfield, Md.

Howard E. Hubbard

18. Funeral director 506 Main St., Crisfield, Md.

Address

2/5/45 19 C. E. Callis, M.D.

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 3, 1945

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I was called when I was called

Immediate cause of death Coronary

Due to Occlusion

Due to William H. Coulbourn, M.D.

Other conditions DEPUTY MEDICAL EXAMINER

FOR SOMERSET COUNTY, MD.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature Wm. H. Coulbourn, M.D.

Feb 5-1945 Crisfield

Address

RECEIVED

MAR 7 1945

BUREAU V.

M

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02051

Reg. Dist. No. 260

1. PLACE OF DEATH: Somerset  
County  
City or town Princess Anne, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? all his life  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Somerset  
City or town Princess Anne, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME Robert Cornish

3. (b) Social Security Number

4. Sex m. 5. Color or race Colored married 6.(a) Single, married, widowed, or divorced  
6.(b) Name of husband or wife mae Cornish.  
Not known 6.(c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) 1883  
8. AGE: Years 61 Months - Days - If less than one day hrs. min.

9. Birthplace Princess Anne, Md.  
(Town, county, and state)  
10. Usual occupation Buck mason  
11. Industry or business

12. Name not known.  
13. Birthplace  
14. Maiden name Ballie Cornish  
15. Birthplace Princess Anne, Md.

16. Informant Perry Harris  
Address Princess Anne, Md.  
17. Burial Date thereof 2/18/45  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory John Wesley.  
Location Princess Anne, Md.

18. Funeral director William James & Son.  
Address Princess Anne, Md.

19. Feb. 17, 1945  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16, 1945 at 4:20 PM  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 19.  
Immediate cause of death Electrical Neuroshock  
DURATION 2 days  
Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE J. Smith  
Address Princess Anne, Md. Date signed 2/17/45  
D. or other

RECEIVED  
MAR 8 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County Somerset  
CrisfieldCity or town  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County SomersetCity or town Crisfield  
(If outside city or town limits, write RURAL and give nearest town)Street No. Cove St.  
(If rural, give LOCATION)2.(a) If veteran, name war none

## 3.(a) FULL NAME

Elyard S. Holland

## 3.(b) Social Security Number

none

## 4. Sex

male

## 5. Color or race

white

## 6.(a) Single, married, widowed, or divorced

Married

## 6.(b) Name of husband or wife

Attie M.6.(c) If alive, give age 69 years

## 7. Birth date of

deceased (mo., day, yr.)

July 27, 1875

## 8. AGE:

Years 71Months 6Days 7

If less than one day

hrs.

min.

## 9. Birthplace

Crisfield, Md

(Town, county, and state)

Sea Food packer

## 10. Usual occupation

Self

## 11. Industry or business

## FATHER

## 12. Name

George Holland

## 13. Birthplace

Md.

## MOTHER

## 14. Maiden name

Sarah Howard

## 15. Birthplace

Md.

## 16. Informant

Attie M. Holland

## Address

Cove St., Crisfield, Md.

## 17. Burial

(Burial, cremation, or removal, Which?)

## Date thereof

2/5/45

(month) (day) (year)

## Cemetery or crematory

Crisfield Cemetery

## Location

Crisfield, Md.

## 18. Funeral director

Howard H. Hubbard

## Address

308 Main St., Crisfield, Md.

## 19.

(Date rec'd by registrar)

19

E. E. Collins, M.D.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 3, 1945 19 45 at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 2 19 45, to Feb 3 19 45and that I last saw him alive on Feb - 2 19 45

Immediate cause of death

Coronary thrombosis

DURATION

5 hrs

Due to

Coronary artery disease 3 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. M. Peyton, M.D.

M. D. or other

Address

Crisfield, Md.

Date signed

Feb 3, 1945

RECEIVED

MAR 7 1945

BUREAU



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

## CERTIFICATE OF DEATH

02053

Reg. Dist. No. 270

## 1. PLACE OF DEATH:

County Somerset  
 City or town Marion Sta. Md  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 48 yearsHospital, institution, or street address where death occurred: Victory Hospital - GuilfordHow long in hospital or institution? 15 minutes

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Marion Station Md  
 (If outside city or town limits, write RURAL and give nearest town)Street No. N. 7 St  
 (If rural, give LOCATION)2. (a) If veteran, name war. World War # I

## 3. (a) FULL NAME

Samuel H. Johnson

## 3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed or divorced MarriedB. (b) Name of husband or wife Pearl Johnson7. Birth date of deceased (mo., day, yr.) 18978. AGE: Years 48 Months Days If less than one day9. Birthplace Marion Station Md  
 (Town, county, and state)10. Usual occupation Farmer11. Industry or business Farming & Labor12. Name Sam Johnson13. Birthplace Maryland14. Maiden name Hester Johnson15. Birthplace Maryland16. Informant Geo W. SelghmanAddress Marion Sta Md17. Burial (Burial, cremation, or removal. Which?) BurialDate thereof Feb 28, 1945  
 (month) (day) (year)Cemetery or crematory Family burying lotLocation Marion Md18. Funeral director Geo W. SelghmanAddress Marion Md19. 2/26 19 45 Guilford B. Selghman  
 (Date rec'd by registrar) (Registral)C. E. Collins Md

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 25, 1945 at 1:15 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from aboutdied before I arrivedand that I last saw him alive on 19Immediate cause of death Shock - Crushed DURATIONChest Crushed RibsCrushed pelvis - CompromisedfracturedBoth legs & Both fore armsfractured both fore armsby automobileOther condition (Hit & Run accident)

(Include all injuries within 3 months of death)

William H. Coulbourn, M. D.Major findings of operations DEPUTY MEDICAL EXAMINERDate of op. FOR SOMERSET COUNTY, MD.Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 2/25/45Accident, suicide, or homicide Date of 2/25/45Where did injury occur? Marion Md

(City or town) (County) (State)

Injured at home, farm, industry, public place (Specify place) State RoadMean of injury Hit & Run accidentSignature W. H. Coulbourn M DAddress Guilford MdDate signed 2/26/45

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MAR 5 1945  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 332

## CERTIFICATE OF DEATH

Reg. Dist. No. 2621

## 1. PLACE OF DEATH:

County... Somerset  
 City or town... RURAL, Pocomoke City  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 65 yrs  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Somerset  
 City or town... RURAL, Pocomoke City  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. # Rt. 1  
 (If rural, give LOCATION)  
 2(a) If veteran, name war

## 3. (a) FULL NAME

Sidney Wane

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Alice Boyer Wane  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) February 20, 1880  
 8. AGE: Years 65 Months 0 Days 4 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Shelltown-Somerset-Maryland  
 (Town, county, and state)

10. Usual occupation Farmer

## 11. Industry or business

12. Name David Wane  
 13. Birthplace Marumsco, Maryland  
 14. Maiden name Harriet Anne Milbourne  
 15. Birthplace Marumsco, Maryland

16. Informant Bridget Randolph  
 Address Pocomoke City, Md # Rt. 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 27-1945  
 (month) (day) (year)  
 Cemetery or crematory Christ M.E. Cemetery  
 Location Pocomoke City, Md # Rt. 1  
 N. Haven Bradshaw

18. Funeral director N. Haven Bradshaw  
 Address Pocomoke City, Md.

19. Feb 27 45 Mrs Clayton Davis  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24-45 1945 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/22/45 to 3/22/45

and that I last saw him alive on 2/22/45

Immediate cause of death

DURATION

Due to Chronic Heart Disease 3  
 Due to Sclerosis of Hypertension 10 yrs  
 Other conditions Sepsis (old) 1 yr

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J.E. Anthony, M.D.

M. D. or other

Address Pocomoke City, Md Date signed 2/26/45

RECEIVED  
MAR 6 1945  
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *56*

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

02055  
270

<b>1. PLACE OF DEATH:</b> County..... <u>Somerset</u> City or town..... <u>Crisfield</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>7 da</u> Hospital, institution, or street address where death occurred: <u>McCready Hospital</u> How long in hospital or institution?..... <u>7 da</u>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State..... <u>Ma</u> County..... <u>Somerset</u> City or town..... <u>Westover RUAL</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>RFD 1</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....	
<b>3.(a) FULL NAME</b> <u>Robert H Miles</u>		<b>3.(b) Social Security Number</b> <u>None</u>	
<b>4. Sex</b> <u>Male</u>	<b>5. Color or race</b> <u>Colored</u>	<b>6.(a) Single, married, widowed, or divorced</b> <u>Widowed</u>	
<b>6.(b) Name of husband or wife</b> <u>Mary Stevenson Miles</u>			
<b>6.(c) If alive, give ago</b> ..... years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Sept 7 1865</u>			
<b>8. AGE:</b> Years <u>79</u>	Months <u>5</u>	Days <u>12</u>	If less than one day hrs. .... min.
<b>9. Birthplace</b> ..... <u>? Somerset Maryland</u> (Town, county, and state)			
<b>10. Usual occupation</b> <u>Farmer</u>			
<b>11. Industry or business</b> <u>Truck farms</u>			
<b>12. Name</b> <u>Purnell Miles</u>			
<b>13. Birthplace</b> <u>Rehoboth Md</u>			
<b>14. Maiden name</b> <u>Mariah Dennis</u>			
<b>15. Birthplace</b> <u>Pocomoke City Md</u>			
<b>16. Informant</b> <u>Martha Ella Marshall</u> Address <u>678 Brooklyn St Phila Pa</u>			
<b>17. Burial</b> (Burial, cremation, or removal. Which?) Date thereof..... <u>Feb 22 1945</u> (month) (day) (year) Cemetery or crematory..... <u>Christ M E Church</u> Location..... <u>Pocomoke City RFD 1</u> H Harvey Bradshaw <b>18. Funeral director</b> Address <u>Pocomoke City Md</u>			
<b>19.</b> <u>2/20/45</u> 19..... <u>6 E Collins m.d.</u> (Date rec'd by registrar) Registrar			
<b>MEDICAL CERTIFICATION</b> <b>20. DATE OF DEATH</b> ..... <u>Feb 19</u> 19 <u>45</u> at <u>11:00 A.M.</u> <b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <u>Feb 10</u> 19 <u>45</u> to <u>Feb 19</u> 19 <u>45</u> and that I last saw him alive on <u>Feb 18</u> 19 <u>45</u> Immediate cause of death..... <u>Arteriosclerosis of the heart</u> Due to..... <u>Chronic heart failure</u> <u>Chronic hypertension</u> Other conditions..... (Include pregnancy within 3 months of death) Major findings of operations..... <u>Supr Ovary hysterectomy</u> <u>Feb 16</u> 19 <u>45</u> Date of op..... Autopsy results..... <b>PHYSICIAN:</b> Please underline the cause to which death should be charged statistically. <b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?..... <b>23. SIGNATURE</b> ..... <u>George C. Collins m.d.</u> M. D. or other Address..... <u>Marshall St Md</u> Date signed <u>Feb 21 1945</u>			

RECEIVED  
MAR 5 1945  
BUREAU V.P.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

## 1. PLACE OF DEATH:

County Somerset

City or town Princess Anne Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 wks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Mildred Hoyt Moore

## 3. (b) Social Security Number

213-16-8237

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

Feb 22nd 1906 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 38 Months 11 Days 21 If less than one day hrs. min.

9. Birthplace Mt Vernon, Somerset Md.  
(Town, county, and state)

10. Usual occupation Secretary

11. Industry or business

12. Name Albert C. Moore

13. Birthplace Cambridge, Md.

14. Maiden name Georgia Mason

15. Birthplace Mt Vernon, Md.

16. Informant Mrs Grace Morris

Address Princess Anne, Md.

17. Burial Date thereof Feb 3, 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Episcopal Cemetery

Location Princess Anne Md.

19. Funeral director Wade Washfield

Address Princess Anne, Md.

19. 2/3 1945 Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1st 1945 at 12:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19

and that I last saw him alive on 19

Immediate cause of death Carcinoma pleura

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Smith M. D. or other

Address Princess Anne Md Date signed 2/3-45

RECEIVED  
8 1945  
BUREAU V.S.

RECEIVED  
MAR 8 1945  
BUREAU V.S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

## CERTIFICATE OF DEATH

02057

Reg. Dist. No. 270

### 1. PLACE OF DEATH:

County Somerset  
City or town Shelldown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 4 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Ma. County Somerset  
City or town Shelldown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. World War 1  
(If rural, give LOCATION)  
2(a) If veteran, name war

### 3. (a) FULL NAME

George M. Price

### 3. (b) Social Security Number

217-05-6581

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife none

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1888

8. AGE: Years 56 Months 8 Days hrs. mto.

9. Birthplace unknown  
(Town, county, and state)

10. Usual occupation Watchman

11. Industry or business John T. Handy

12. Name unknown

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. Informant John T. Handy

Address Crisfield, Md.

Burial Date thereof 2/24/45  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Crisfield

Location Crisfield, Md.

Howard H. Hubbard

18. Funeral director 500 Main St., Crisfield, Md.

Address

2/24/45 B. E. Collins, M.D.  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH February 20, 1945

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw him alive on 19.

Immediate cause of death

DURATION

Accidental Drowning

Due to Body was found

Due to February 23 - 1945

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation William H. Coulbourn, M.D.

Antopsy results DEPUTY MEDICAL EXAMINER

PHYSICIAN: Please underline FOR CORONER'S DEPARTMENT

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm H Coulbourn MD

Crisfield Md Date signed Feb 24/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

RECEIVED  
MAR 5 1945  
BUREAU V.S.

RECEIVED MAR 5 1945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02058

Reg. Dist. No. 261

## 1. PLACE OF DEATH:

County SomersetCity or town Marion Station, Md.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 mos.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Marion Station  
(If outside city or town limits, write RURAL and give nearest town)Street No. P.O. Box 8  
(If rural, give LOCATION)

2. (a) If veteran, name war.

## 3. (a) FULL NAME

Isaac Jerome Schofield

## 3. (b) Social Security Number

214-12-68-55

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

married

B. (b) Name of husband or wife

Nattie J. Schofield

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

1890

8. AGE:

Years

Months

Days

If less than one day

551890

hrs.

min.

9. Birthplace

Somerset County  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farmer

FATHER

12. Name

Isaac Schofield

13. Birthplace

Somerset County

MOTHER

14. Maiden name

Margaret Tilghman

15. Birthplace

Somerset County

16. Informant

Nattie Schofield

Address

Marion Md.17. Burial

(Burial, cremation, or removal, which)

Date thereof

2/9/45

Cemetery or crematory

Mt. Deer

Location

Marion Md.

18. Funeral director

Geo. W. Tilghman

Address

Marion Station, Md.19. 2/6

(Date rec'd by registrar)

19 45India B. Lawson

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 619 45 at 20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 19 45 to Feb 6 19 45and that I last saw him alive on Feb 5 19 45

Immediate cause of death

acute liver heart

DURATION

Due to

Arteriosclerosis

Due to

Chronic sub-acute

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Isaac Schofield

M. By other

Address Marion Md. Date signed Feb 8 45

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

RECEIVED  
MAR 2 1945  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 265

1. PLACE OF DEATH: Somerset  
County.....  
City or town..... Crisfield  
(If outside city or town limits, write RURAL and give nearest town)  
How long is above place of death?.....  
Hospital, institution, or street address where death occurred:  
.....  
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State..... Md ..... County..... Somerset  
City or town..... Crisfield  
(If outside city or town limits, write RURAL and give nearest town)  
Street No..... Main St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war..... none

3. (a) FULL NAME  
George S. Tull

3. (b) Social Security Number  
none

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced widower

6. (b) Name of husband or wife..... Josephine

7. Birth date of deceased (mo., day, yr.) Mar. 30, 1861 6. (c) If alive, give age..... years

8. AGE: Years 85 Months 10 Days 11 If less than one day hrs. .... min.

9. Birthplace..... Somerset Co., Md.  
Retired (Town, county, and state)

10. Usual occupation..... Self

11. Industry or business.....

12. Name..... Washington L. Tull  
13. Birthplace..... Md.

14. Maiden name..... Sarah E. McDorman  
15. Birthplace..... Md.

16. Informant..... Merrill Byrd

Address..... Crisfield, Md.

17. Burial Date thereof 2/13/45  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory..... Asbury  
Crisfield, Md.

Location..... Howard E. Hubbard  
306 Main St., Crisfield, Md.

18. Funeral director.....  
Address.....

19. 2/10/45 19 6 E. Collins M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

February 10, 1945

20. DATE OF DEATH..... 19..... at.....

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Oct. 1944 to Feb. 10, 1945  
and that I last saw him alive on Feb. 10, 1945

Immediate cause of death..... Cerebral embolism  
Arteriovascular renal disease

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of .....  
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
Means of injury..... Injured at work?

23. SIGNATURE..... Chas. P. Schwetka  
M. D. or other  
Address..... Crisfield, Md. Date signed..... 2/10/45

CERTIFICATE OF DEATH

RECEIVED  
MAR 7 1945  
BUREAU V.S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 276

## 1. PLACE OF DEATH:

County... Somerset  
 City or town... Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
 ... Memorial Hospital  
 How long in hospital or institution? 1 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Md. County... Somerset  
 City or town... Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... RFD  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

Eva A. Tyler

## 3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife... Melvin H. Tyler

6. (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) May 12, 1905

8. AGE: 39 Years 9 Months 25 Days It less than one day  
 hrs. min.

9. Birthplace Somerset Co  
 (Town, county, and state)

10. Usual occupation... housewife

11. Industry or business... home

12. Name... Elisha Wilson

13. Birthplace... Md.

14. Maiden name... Alice Lawson

15. Birthplace... Md.

16. Informant... Melvin H. Tyler

Address... RFD Crisfield, Md.

Burial

Date thereof 2/9/45

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory... Sunny Ridge

Crisfield, Md.

Location... Howard H. Hubbard

18. Funeral director... 306 Main St., Crisfield, Md.

Address

2/1/45 19. (Date rec'd by registrar)

b. e. Collins M.D. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 6, 1945, 19 at 1 a.m. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 1, 1943, to Feb 6, 1945

and that I last saw him alive on Feb 5, 1945

Immediate cause of death

acute dis of heart

DURATION 1 week

Due to Chronic dis of heart

DURATION 2 years

Due to Chronic myocarditis

Other conditions Pulmonary tuberculosis

DURATION 3 years

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Guy Conellman M.D.

M. D. or other

Address: 1000 Perry St. Date signed Feb 7, 1945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

RECEIVED  
MAR 5 1945  
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1372

## CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
County... Somerset		(For newborn infants give residence of mother)	
City or town... Marion RURAL		State... Md County... Somerset	
(If outside city or town limits, write RURAL and give nearest town)		City or town... Marion RURAL	
How long in above place of death? 90 yrs		(If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:		Street No. (If rural, give LOCATION)	
How long in hospital or institution?		2.(a) If veteran, name war	

3. (a) FULL NAME	3. (b) Social Security Number
Henry Brindell Ward	None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married
6. (b) Name of husband or wife... Aletha Ward		
6. (c) If alive, give age... 69 years		
7. Birth date of deceased (mo., day, yr.) May 12 1854		
8. AGE:	Years	Months
90	9	10
Days		
If less than one day		
hrs. min.		

9. Birthplace	Marion Somerset Maryland
(Town, county, and state)	
10. Usual occupation	Farmer
11. Industry or business	
FATHER	12. Name... John David Ward
13. Birthplace	Marion Md
MOTHER	14. Maiden name... Sally Sterling
15. Birthplace	Crisfield Md
16. Informant	Mrs Nora Charnick
Address	Marion Md

17. Burial	Date thereof... Feb 25 1945
(Burial, cremation, or removal. Which?)	(month) (day) (year)
Cemetery or crematory	St Pauls cemetery
Location	Marion Md
Funeral director	John A Bradshaw
Address	Crisfield Md

19. (Date rec'd by registrar)	2/45
Registrar	Wanda B. Laverne

MEDICAL CERTIFICATION	
20. DATE OF DEATH	Feb 22 1945 at 10 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1944 to Feb 22 1945	
and that I last saw him alive on Feb 21 1945	
Immediate cause of death	Uremia
and that I last saw him alive on	Feb 21 1945
DURATION	1 month
Due to	Chronic renal failure
Due to	Chronic nephritis
Other conditions	General debility & anemia
(Include pregnancy within 3 months of death)	

Major findings of operations	Date of op.
Autopsy results	
PHYSICIAN: Please underline the cause to which death should be charged statistically.	

22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide	Date of
Where did injury occur?	(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)	
Means of injury	Injured at work?

23. SIGNATURE	Wanda B. Laverne
M. D. or other	
Address	Marion Md
Date signed	Feb 24 45

# CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

and of the County of Prince George's

A. DEAN, M.D., Registrar

County of Prince George's

MD

1961

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RECEIVED  
JAN 2 1965  
BUREAU V.B.

1961

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DEPARTMENT OF HEALTH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02062

Reg. Dist. No. 261

## 1. PLACE OF DEATH:

County Somerset

City or town Marion

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Somerset

City or town Marion

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2(a) If veteran, name war

## 3. (a) FULL NAME

Hattie Katturah Whittington

## 3. (b) Social Security Number

None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Ernest Whittington

6. (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Nov 4 1862

8. AGE: Years 82 Months 3 Days 5 If less than one day

9. Birthplace Marion Somerset Maryland

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Samuel J Tull

13. Birthplace Marion Md

14. Maiden name Mary Evans

15. Birthplace Fairmount Md

16. Informant Ernest Whittington

Address Marion Md

17. Burial Date thereof Feb 12 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Pauls cemetery

Location Marion Md

18. Funeral director John A Bradshaw

Address Crisfield Md

19. 2/12/45 1945 Aurelia B. Lawson

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1945 at 10:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 15 1945 to Feb. 9 1945

and that I last saw her alive on Feb. 8 1945

Immediate cause of death

Coronary artery disease

- atherosclerosis

Due to

Due to

Other conditions Chronic myocarditis

- atherosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sarah M. Payton M.D.

Address Crisfield, Md Date signed Feb. 12, 1945

RECEIVED

RECEIVED

RECEIVED  
MAR 2 1945  
BUREAU V. &



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 269

## 1. PLACE OF DEATH:

County SomersetCity or town Homes Quarter md  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 yearsHospital, institution, or street address where death occurred: noHow long in hospital or institution? no

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County SomersetCity or town no  
(If outside city or town limits, write RURAL and give nearest town)Street No. no  
(If rural, give LOCATION)2.(a) If veteran, name war no

## 3. (a) FULL NAME

Arthur H. Winder

## 3. (b) Social Security Number

no

4. Sex

Male

5. Color or race

a. a.

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Georgia Winder

7. Birth date of

deceased (mo., day, yr.)

yes 8. (c) If alive, give age Don't know years

8. AGE:

Years

Months

Days

If less than one day

61 1 17 hrs. min.

8. Birthplace

Quantico md  
(Town, county, and state)

10. Usual occupation

Minister

11. Industry or business

Same as above

FATHER

12. Name

Unknown

13. Birthplace

Unknown

MOTHER

14. Maiden name

Mary Winder

15. Birthplace

Quantico md

16. Informant

John Winder

Address

10000 Del.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Feb 26 - 1945  
(month) (day) (year)

Cemetery or crematory

Quantico Mt Zion Church

Location

Quantico md

18. Funeral director

James H. Stewart

Address

Salisbury md

19. (Data rec'd by registrar)

Feb 26

19. 45

Wm. D. Bennett

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1945 at 4:00 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 20 1945, to Feb 20 1945and that I last saw him alive on Feb 20 1945

Immediate cause of death

DURATION

Ocular myocoele, + is 2 hrs

Due to

Due to

Other conditions

Chronic Bronchitis, Asthma 3 yrs  
(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Edna G. Mansman  
M. D. or otherAddress Prine Anne md Date signed 2-23-45

RECEIVED

MAR 14 1945

BUREAU